FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUI 1. Corporation	MENT # M698	311 (1))				
NOTEWORTHY FINE STATIONERS, INC.							
Principal Place of Business		Mailing Address			1881 \$181 \$1817 8 \$8\$ \$1\$10 \$1814 \$1811 6 1611 \$		
3405 BRIDGE RD. 3405 BF COOPER CITY FL 33026 COOPE			3026				
A B		· · · · · · · · · · · · · · · · · · ·			3. Date Incorporated or Qualified 02/26/1988	3a. Date of Last Report 06/26/1995	
2. Principal Pla	ncipal Place of Business 2a. Mailing Address 26				4. FEI Number 65-0033740	Applied For	
Suite, Apt. #, etc. Suite, Apt. #, etc.						Not Applicable \$8.75 Additional	
27					5. Certificate of Status Desired	Fee Required	
City & State					6. Election Campaign Financing	\$5.00 May Be	
Z _I p	Country	28 Zip	Country		Trust Fund Contribution 8. This corporation has liability for	Added to Fees	
24	25	29	30	,		intangible tax under si 199,032,	
	9. Name and Address of Curre	nt Registered Agent		77~~~~	10. Name and Address of New R	Registered Agent	
DAEVII	N DIEN		81	Name			
RAFKIN, GLEN 100 W CYPRESS CREEK RD., #700				Street Ad	dress (P.O. Box Number is Not Acceptab	ole)	
FT LAUDERDALE FL 33309			83	·			
			84	City		In-II 5 in	
44 0				1		FL 85 Zip Code	
or registere	o the provisions of Sections 607.050; ed agent, or both, in the State of Flor	2 and 607.1508, Florida Statut ida. Such change was authoriz	es, the above- ed by the corp	named corporation's bo	oration submits this statement for the pur aard of directors. I hereby accept the appo	rpose of changing its registered office ontment as registered agent. Lam	
	n, and accept the obligations of, Sec	tion 607.0505, Florida Statutes	3.				
	Signature, typed or printed name of registered ages	~	Tt: Rugistereo Age	nt signature requi	ired when reinstating)	DATE	
12. TITLE	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		
NAME	RAFKIN, JANIS S.		1. 1 TITLE 1.2 NAME	ſ		Change Addition	
STREET ADDRESS	3405 BRIDGE RD			1 ADDRESS			
CITY-ST-ZIP	COOPER CITY FL		1.4 CITY~				
TITLE			2 1 TITLE			Change Addition	
NAME			2.2 NAME				
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP TITLE		DELETE	24 CITY-1				
NAME			3 2 NAME			☐ Change ☐ Addition	
STREET ADDRESS				T ADDRESS			
CITY-ST-7IP		A.M. A	3.4 CHTY - 1	ST-2IP			
TITLE		DELETE	4. 1 TOTLE			Change Addition	
NAME STREET ADDRESS			4.2 NAME				
CITY-SI-ZIP				T ADDRESS			
TITLE		DELETE	4.4 CITY-5 5.1 TITLE	SI-ZIP		Change Addition	
NAME			5.2 NAME			Change Addition	
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP			5.4 CiTY - S	j			
TITLE		DELETE	6. 1 TITLE			Change Addition	
NAME			6.2 NAME				
STREET ADDRESS			6 3 STREET	F ADDRESS			
CITY - ST - ZIP			CADITY	27 700		ŀ	

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

GNA JUNE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

(994) 431-3931 DayMillo Phone # (2E034 (12/95)